

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
STATE ASSURANCE FUND
DIRECT PAYMENT APPLICATION –REQUEST FOR EVALUATION UNDER A.R.S. §49-1054(C)(2)

Section IV (D): Instructions for Completing the Supplemental Worksheet:

1	2	3	4	5	6	7	8	9	10	11	12
REF	Provider	Invoice	Activity or Phase	Cost Schedule Item	Item Description	No. of Units	Unit Rate	Subcontracted Cost Amount	Total Mark-Up On Subcontracted Cost	TOTAL AMOUNT CLAIMED	Optional Footnote See Instructions
No.	Name	No.	Code	Code		Requested	Requested				
1	Consultant A	12345	C1	00004	Staff Level	10	60.00	N/A	N/A	600.00	

Column 1: Reference Number (REF No.)

Complete the "Ref. No." column with the same reference number used on the Primary Provider Checklist for the appropriate invoice(s) that includes costs for the item claimed on each line.

Column 2: Provider Name

Complete this column with the name of the Primary Provider unless the costs on the line were invoiced by a Subcontractor or Retailer. If costs were invoiced by a Subcontractor or Retailer, then insert the name of the Subcontractor or Retailer.

Column 3: Invoice Number

Complete this column with the associated invoice number for the Provider identified in Column 2. If the invoice is not numbered, use the invoice date.

Column 4: Activity or Phase Code

Complete this column using the appropriate code – refer to Section IV(B) instructions on completing Column 5 (Direct Payment application Amount Claimed Summary Worksheet).

Column 5: Cost Schedule Item Code

Complete this column using the appropriate code from the Schedule of Corrective Action Costs. If no applicable cost schedule code exists for the activity claimed on the line, insert "00000" in this column.

Column 6: Item Description

Complete this column with the title of the cost schedule code (Column 5). If no applicable cost schedule code exists for the activity claimed on this line, insert a brief description of the activity and identify the applicable unit of measure.

Column 7: Number of Units Requested

Complete this column with the number of units requested.

For costs that require time and materials detail:

- 1) if this detail is provided on the associated invoice, then the number of units requested on the associated line of the Worksheet should be one (1), and a footnote in column 12 should indicate that the detail is on the referenced invoice; or
- 2) if the invoice does not contain time and materials detail, then the detail must be provided on the Worksheet. The number of units requested for each unit of measure described in Column 6, must be on a separate line.

Column 8: Unit Rate Requested

Complete this column with the unit rate requested. Amounts in excess of the schedule of corrective action costs will be denied. Other than markup, amounts in excess of the invoiced amount, that are within the maximum amount allowed under the applicable cost schedule item code, are not eligible for reimbursement.

Column 9: Subcontracted Cost Amount

Complete this column only if the costs claimed on the line are for contracted work or retail purchases. Insert the amount from the subcontractor invoice or retail receipt.

Column 10: Total Mark-Up on Subcontracted Cost

Complete this column only if the costs claimed on the line are for contracted work or retail purchases. Insert the amount of markup claimed for the subcontractor invoice or retail receipt.

Column 11: Total Amount Claimed

Complete this column with the total cost claimed for each line (multiply the number of units requested by the unit rate requested plus any applicable markup). Amounts in excess of the schedule of corrective action costs will be denied. Other than markup, amounts in excess of the invoiced amount, that are within the maximum amount allowed under the applicable cost schedule item code, are not eligible for reimbursement.

Column 12: Optional Footnote

Completion of this column is optional. Use this column to provide information that will assist in evaluation of the costs claimed on this line.